



# FACILITY COMPLIANCE INSPECTION REPORT

## Division of Waste Management Solid Waste Section

UNIT TYPE:											
Lined MSWLF		LCID		YW		Transfer		Compost		SLAS	<b>X</b>
Closed MSWLF		HHW		White goods		Incin		T&P		FIRM	
CDFL		Tire T&P / Collection		Tire Monofill		Industrial Landfill		DEMO		SDTF	

COUNTY: Currituck  
 PERMIT NO.: SLAS-27-19  
 FILE TYPE: COMPLIANCE

**Date of Site Inspection: 7-23-12**

**FACILITY NAME AND ADDRESS:**

Atlantic OBX, Inc  
 PO Box 2560  
 Kitty Hawk, NC 27949

**GPS COORDINATES:** N: 36.36931° W: -75.99753°

**FACILITY CONTACT NAME AND PHONE NUMBER:**

Name: Sammy Smith  
 Telephone: 252-615-3550  
 Email address:  
 Fax:

**FACILITY CONTACT ADDRESS:**

Same

**PARTICIPANTS:**

Will Burke, Environmental Senior Specialist

**STATUS OF PERMIT:**

**Active**

**PURPOSE OF SITE VISIT:**

Routine, Audit

**OBSERVED VIOLATIONS**

1. N/A

The item(s) listed above were observed by Section staff and require action on behalf of the facility in order to come into or maintain compliance with the Statutes, Rules, and/or other regulatory requirements applicable to this facility. Be advised that pursuant to N.C.G.S. 130A-22, an administrative penalty of up to \$15,000 per day may be assessed for each violation of the Solid Waste Laws, Regulations, Conditions of a Permit, or Order under Article 9 of Chapter 130A of the N.C. General Statutes. Further, the facility and/or all responsible parties may also be subject to enforcement actions including penalties, injunction from operation of a solid waste management facility or a solid waste collection service and any such further relief as may be necessary to achieve compliance with the North Carolina Solid Waste Management Act and Rules.

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**ADDITIONAL COMMENTS**

1. Crops in good shape.
2. Field border markers were up and easy to identify.
3. Required signage was up and easy to read.
4. Access roads were found in good condition.
5. No serious odors or vectors were noted during the inspection.
6. Applications appear to have been performed in a professional and responsible manner.

Please contact me if you have any questions or concerns regarding this inspection report.



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Will Burke  
***Regional Representative***

Phone: (910) 796-7397

Sent on: 8-20-12		Email		Hand delivery		US Mail		Certified No. <input type="checkbox"/>
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